

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Everest House of Renton AFH/Anita Shrestha-Maskey	LICENSE NUMBER 752931
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>EVEREST HOUSE OF RENTON is located at 322 s 15th street renton,wa 98055,with a wide spacious in backyard.This adult family home is 4 beds with 2 bathrooms.Home provides personalized care in a family environment.This home provider has a more than 6 years experienced with hospice,hoyer lift,foley catheter,dementia etc</p>	
<p>2. INITIAL LICENSING DATE</p> <p>08/19/2015</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>N/A</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

.Promoting and supervising those who are able to feed themselves but are risk for choking.

.Physical assistance with feeding those who are unable to feed themselves.

.Puree diet /soft diet.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

.Encouraging, promoting and supervising who are able to use toilet.

.provide complete physical assistance who are unable to go toilet or are incontinent.

3. WALKING

If needed, the home may provide assistance with walking as follows:

.Encourage and supervise who are able to walk with assistive device.

.Provide passive range of motion exercise who are unable to walk.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

.encourage those who are able to transfer on their own.

.provide physical assistance if needed to transfer.

.use hooyerlift who are unable to assist with transferring.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

.Encourage to change position who are able to change position.

.Provide physical assistance with positioning, regular turning and placing limbs in correct position.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

.Encourage and supervise those who are able to maintain personal hygiene.

.Provide physical assistance with personal hygiene those who are unable to maintain their hygiene like brushing teeth, combing, showering, nail cutting (except diabetic client).

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

.Encourage those who are unable to dress on their own.

.Provide physical assistance for those who are unable to dress on their own.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

.Provide physical assistance as needed by residents either full or partial help with showering.

.Bed bath can also be given as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Personal care is provided either in room or bathroom. This adult family provide barber service as needed

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

.Medication assistance is done under nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Registered nurse or licenced practical nurses available only on a contracted basis as provided by through DSHS...

The home has the ability to provide the following skilled nursing services by delegation:

Blood pressure check, finger sticks, diabetic, insulin.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: as required
- ☒ Licensed practical nurse, days and times: as required
- ☒ Certified nursing assistant or long term care workers, days and times: 24 hours
- ☐ Awake staff at night

☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

.Home also accept private residents who become eligible for medicaid after admission.

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

.Home will be providing activities that are meaningful to the resident his/her quality of life and interests.The home attempt to determine what activities the resident enjoyed through out his/her if possible such as gardening,reading (magazines and books),light exercise and celebration of birthday and other holidays.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Everest house of renton welcome friends and family members of the residents to visit and share maeals with them when they are visiting.There will be no charge for meals.Residents are encouraged to participate in activities they most enjoy and also to continue whatever activities they used to enjoy before admission.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600